

Public Health -Seattle & King County
Farmers Market/Recurring Event – Coordinator’s Checklist
2011

ANNUAL COORDINATOR'S FEE - \$100.00

NEW FARMERS MARKET FIELD PLAN REVIEW FEE - \$382.00

RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT

By providing the following information, you will assist in identifying potential problems that might occur during your event. Notify the food booth participants that the Temporary Food Permit application must be received no later than TWO (2) WEEKS PRIOR TO THE EVENT.

1. NAME OF Market/Event _____ Dates of Market/Event _____
2. DESCRIBE Market/Event Location _____

3. NAMES OF MARKET/EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

	<u>Name</u>	<u>Address</u>	<u>Phone #</u> <u>(work & home)</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
4. NUMBER OF ANTICIPATED FOOD VENDORS: _____

TIME OF: a. MARKET/EVENT SET-UP: _____
 b. MARKET/EVENT OPERATION: _____
5. DESCRIBE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS OF BOOTHS (within 200 feet of booth; with portable handwash if plumbed restrooms aren't available).

6. WHO WILL BE SUPPLYING PORTABLE TOILETS FOR THE PUBLIC? _____

7. WILL ELECTRICITY BE PROVIDED TO THE FOOD VENDORS ___ Yes ___ No If yes, describe: _____

8. LOCATION OF EQUIPMENT/UTENSIL WASHING FACILITIES PROVIDED FOR FOOD VENDORS
 - a. describe: _____
 - b. describe water supply: _____
 - c. describe waste water disposal: _____
9. LOCATION OF PRODUCE WASHING FACILITIES IF PRODUCE WILL BE SAMPLED.
 - a. describe: _____
 - b. describe water supply: _____
 - c. describe waste water disposal: _____
10. HOW WILL GARBAGE BE DISPOSED? (i.e., available dumpsters, schedule for garbage removal, etc.):

(Signature)

(Title)

(Date)

DISTRICT HEALTH CENTERS

DOWNTOWN
401-5th Ave, 11th Floor
Seattle, WA 98104
206-296-4632 FAX (206)296-0188

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-296-4932 Fax (206)296-4919